

**Virginia Indigent Defense Commission
Training Registration Form**

1. Name: _____
First Middle Last

2. Virginia State Bar Number: _____

3. Please enter your contact information below (Check Box If Below Is Updated Information ☐):

Work Address: Firm Name: _____
PO Box: _____
Street: _____
City: _____ State: _____ Zip: _____
Work Phone Number: _____ Fax: _____
Work Email Address: _____

4. I will attend:

☐ **Trial Practice Series** scheduled for _____, 20____ at _____.
Date Location

All Trial Practice Series Lectures will begin at 3:00 p.m. unless otherwise noted

☐ **Initial/Recertification Certification Training** scheduled for _____, 20____
at _____.
Date Location

(Program Day 1: 9 am – 4:30 pm & Program Day 2: 9 am – 1 pm)

☐ **Trial Advocacy Workshop** scheduled for _____, 20____ at _____.
Date Location

All Trial Advocacy Workshops will begin at 9:00 a.m. unless otherwise noted

☐ **Other VIDC Training** _____ scheduled for _____, 20____
Title of Course Date
at _____.
Location

I understand that if I am unable to attend the class for any reason, I will notify the Virginia Indigent Defense Commission as soon as possible.

Signature: _____ Date: _____

Return completed application to:
Virginia Indigent Defense Commission
1604 Santa Rosa Rd., Suite 200
Richmond, VA 23229
Phone: (804) 662-7249, extension 110
Fax: (804) 662-7369
www.indigentdefense.virginia.gov